

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5  
**MOLL FOR CONGRESS INC**

ADDRESS (number and street) PO BOX 21795  
 Check if different than previously reported. (ACC) HOT SPRINGS AR 71903

2. **FEC IDENTIFICATION NUMBER** C C00548255 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A) AR 04

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M / D D / Y Y Y Y in the State of  

(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y 01 / 01 / 2014 through M M / D D / Y Y Y Y 03 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer HOWARD VERNON

Signature of Treasurer HOWARD VERNON [Electronically Filed] Date M M / D D / Y Y Y Y 04 / 15 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**MOLL FOR CONGRESS INC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	115716.33	539474.28
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	115716.33	539374.28
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	81696.73	147062.30
(b) Total Offsets to Operating Expenditures (from Line 14).....	288.00	288.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	81408.73	146774.30
8. Cash on Hand at Close of Reporting Period (from Line 27).....	392599.98	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**MOLL FOR CONGRESS INC**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	93402.85	481146.90
(ii) Unitemized.....	4965.00	27518.43
(iii) TOTAL of contributions from individuals ▶	98367.85	508665.33
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	13000.00	18500.00
(d) The Candidate.....	4348.48	12308.95
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	115716.33	539474.28
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	288.00	288.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	116004.33	539762.28

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	81696.73	147062.30
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	100.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	81696.73	147162.30

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	358292.38
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	116004.33
25. SUBTOTAL (add Line 23 and Line 24).....	474296.71
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	81696.73
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	392599.98

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 115  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**Kenneth Winn Allen**

Mailing Address 2425 L Street NW

City Washington State DC Zip Code 22037

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Kirkland and Ellis LLP Attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : SA11AI.6187**

Amount of Each Receipt this Period  
 500.00

Amount of Each Receipt this Period  
 750.00

**B.** Full Name (Last, First, Middle Initial)  
**Steven M. Anthony**

Mailing Address 701 Overstreet Drive

City Fordyce State AR Zip Code 71742

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Anthony Timberlands Inc. Forestry

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 07 / 2014

**Transaction ID : SA11AI.6101**

Amount of Each Receipt this Period  
 1000.00

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Paul S. Atkins**

Mailing Address 1737 H Street NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Patomak Global Partners CEO

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.6206**

Amount of Each Receipt this Period  
 2000.00

Amount of Each Receipt this Period  
 2000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**Russell Bailey**

Mailing Address 811 Ridgecrest Dr.

City Little Rock State AR Zip Code 72205

FEC ID number of contributing federal political committee. **C**

Name of Employer Rose Law Firm Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 30 / 2014

**Transaction ID : SA11AI.5837**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**David L. Bartlett**

Mailing Address 5036 East Crestwood Drive

City Little Rock State AR Zip Code 72207

FEC ID number of contributing federal political committee. **C**

Name of Employer Simmons First National Corp. Occupation Banking

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 04 / 2014

**Transaction ID : SA11AI.5895**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**David L. Bartlett**

Mailing Address 5036 East Crestwood Drive

City Little Rock State AR Zip Code 72207

FEC ID number of contributing federal political committee. **C**

Name of Employer Simmons First National Corp. Occupation Banking

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.6255**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>Frank E. Baxter</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 24 / 2014	
Mailing Address 11100 Santa Monica Boulevard Twelfth Floor		<b>Transaction ID : SA11AI.5931</b>	
City Los Angeles	State CA	Zip Code 90025	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>H. Kenneth Bennett</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 04 / 2014	
Mailing Address 4 Timberlane Dr.		<b>Transaction ID : SA11AI.5839</b>	
City Little Rock	State AR	Zip Code 72207	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Stephens Inc.	Occupation Investment Banker		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>Kathryn Biber</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 01 / 2014	
Mailing Address 1674 22nd Ave.		<b>Transaction ID : SA11AI.5897</b>	
City San Francisco	State CA	Zip Code 94122	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer AirBnB Inc.	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	1750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**John Blackwell**

Mailing Address 6748 Austin Bay Court

City Sherwood State AR Zip Code 72120

FEC ID number of contributing federal political committee. **C**

Name of Employer Stephens Inc. Occupation Principal Trader

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 29 / 2014

**Transaction ID : SA11AI.5933**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Beau Blair**

Mailing Address 1904 Shadow Lane

City Little Rock State AR Zip Code 72207

FEC ID number of contributing federal political committee. **C**

Name of Employer McLarty Blair Holdings LLC Occupation Investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 03 / 2014

**Transaction ID : SA11AI.5841**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Larry W. Bowden**

Mailing Address 111 Center Street

City Little Rock State AR Zip Code 72201

FEC ID number of contributing federal political committee. **C**

Name of Employer Stephens Inc. Occupation Executive Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 04 / 2014

**Transaction ID : SA11AI.5935**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2250.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**David Byrd**

Mailing Address 8007 Valley Forge Road

City Fort Smith State AR Zip Code 72903

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1205.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : SA11AI.6218**

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
**David Byrd**

Mailing Address 8007 Valley Forge Road

City Fort Smith State AR Zip Code 72903

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2205.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 22 / 2014

**Transaction ID : SA11AI.6221**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Dick Carmical**

Mailing Address PO Box 536

City Monticello State AR Zip Code 71657

FEC ID number of contributing federal political committee. **C**

Name of Employer The Price Companies Inc. Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 11 / 2014

**Transaction ID : SA11AI.5937**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2150.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**Michael Carvin**

Mailing Address 3210 Macomb St. NW

City Washington State DC Zip Code 20008

FEC ID number of contributing federal political committee. **C**

Name of Employer Jones Day Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.6185**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Daniel L. Casey**

Mailing Address 566 Shenandoah Valley Dr.

City Front Royal State VA Zip Code 22630

FEC ID number of contributing federal political committee. **C**

Name of Employer DC Strategies Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 27 / 2014

**Transaction ID : SA11AI.6126**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Christian Charnaux**

Mailing Address 607 Queen St.

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer Hilton Worldwide Occupation VP Investor Relations

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : SA11AI.6147**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. Richard Colvin</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2014	
Mailing Address 3109 Shilling Road		<b>Transaction ID : SA11AI.6213</b>	
City Texarkana	State TX	Zip Code 75503	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period _____ 600.00	
Name of Employer Regions Bank	Occupation Banking		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 600.00	

Full Name (Last, First, Middle Initial) <b>B. Robert Connor</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 06 / 2014	
Mailing Address 3505 Turtle Creek Blvd Residence 12A		<b>Transaction ID : SA11AI.5939</b>	
City Dallas	State TX	Zip Code 75219	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period _____ 1000.00	
Name of Employer Self Employed	Occupation Investments		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Rodney Cook Jr.</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 07 / 2014	
Mailing Address 3855 Randall Mill Road N.E.		<b>Transaction ID : SA11AI.5843</b>	
City Atlanta	State GA	Zip Code 30327	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period _____ 250.00	
Name of Employer National Monuments Foundation	Occupation President		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 1750.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**Neil A. Corkery**

Mailing Address 120 Chilean Ave.

City State Zip Code  
Palm Beach FL 33480

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Sudan Relief Fund Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.6261**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Daphne L Cox**

Mailing Address 6700 Northern Hills Drive

City State Zip Code  
Texarkana AR 71854

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Cox Hospitality Group Hospitality

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 31 / 2014

**Transaction ID : SA11AI.5899**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Chad A. Crank**

Mailing Address 2719 N. Taylor St.

City State Zip Code  
Little Rock AR 72207

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Stephens Inc. Banking

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 04 / 2014

**Transaction ID : SA11AI.5941**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. David A. Cravens</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2014	
Mailing Address 3507 South O Street		<b>Transaction ID : SA11AI.6212</b>	
City Fort Smith	State AR	Zip Code 72903	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Regions Bank	Occupation Bank Officer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>B. Katherine E. Cravens</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2014	
Mailing Address 4200 Valley Road		<b>Transaction ID : SA11AI.6151</b>	
City Fort Smith	State AR	Zip Code 72903	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>C. William L. Cravens</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 24 / 2014	
Mailing Address One Treetops Lane #402		<b>Transaction ID : SA11AI.5943</b>	
City Little Rock	State AR	Zip Code 72202	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	[ ]

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. Michael Cronkhite</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 215 Buckland Circle		<b>Transaction ID : SA11AI.5845</b>
City Little Rock	State AR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Stephens Inc.	Occupation Financial Planner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dorance Damron</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address 2001 Hendricks Blvd		<b>Transaction ID : SA11AI.5847</b>
City Fort Smith	State AR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired Pharmacist	Occupation Retired Pharmacist	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dorance Damron</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 2001 Hendricks Blvd		<b>Transaction ID : SA11AI.6231</b>
City Fort Smith	State AR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired Pharmacist	Occupation Retired Pharmacist	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**Dorance Damron**

Mailing Address 2001 Hendricks Blvd

City State Zip Code  
Fort Smith AR 72903

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Pharmacist Retired Pharmacist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 22 / 2014

**Transaction ID : SA11AI.6233**

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
**W. Scott Davis**

Mailing Address 7 Sunset Drive

City State Zip Code  
Little Rock AR 72207

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Clearview International Chief Financial Officer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 10 / 2014

**Transaction ID : SA11AI.5849**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Albert Delco**

Mailing Address 5207 Stonewall Road

City State Zip Code  
Little Rock AR 72207

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Stephens Inc. Research Analyst

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 22 / 2014

**Transaction ID : SA11AI.5851**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

650.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**John Denery**

Mailing Address 5722 N. Country Club Blvd.

City Little Rock State AR Zip Code 72207

FEC ID number of contributing federal political committee. **C**

Name of Employer Stephens Inc. Occupation Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 10 / 2014

**Transaction ID : SA11AI.5901**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Anthony Dick**

Mailing Address 21406 Clearfork Ct.

City Ashburn State VA Zip Code 20147

FEC ID number of contributing federal political committee. **C**

Name of Employer Jones Day Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 13 / 2014

**Transaction ID : SA11AI.6182**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Haskell Dickinson**

Mailing Address 6 Palisades Drive

City Little Rock State AR Zip Code 72207

FEC ID number of contributing federal political committee. **C**

Name of Employer McGeorge Contracting Co. Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 04 / 2014

**Transaction ID : SA11AI.5903**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1250.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. Bill Dillard II</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 14 / 2014	
Mailing Address PO Box 486		<b>Transaction ID : SA11AI.5962</b>	
City Little Rock	State AR	Zip Code 72203	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer Dillards	Occupation CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) <b>B. Mark Doramus</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 10 / 2014	
Mailing Address 9 West Palisades		<b>Transaction ID : SA11AI.5945</b>	
City Little Rock	State AR	Zip Code 72207	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Stephens Inc.	Occupation Chief Financial Officer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Miguel F. Eaton</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2014	
Mailing Address 655 Morris Place NE		<b>Transaction ID : SA11AI.6183</b>	
City Washington	State DC	Zip Code 20002	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00	
Name of Employer Jones Day	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3750.00
<b>TOTAL</b> This Period (last page this line number only).....	3750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**Joe Edwards Jr.**

Mailing Address 7305 Kensington Court

City State Zip Code  
Fort Smith AR 72903

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Benefit Bank Banking

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 21 / 2014

**Transaction ID : SA11AI.6108**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Kelly Eichler**

Mailing Address 4901 East Crestwood

City State Zip Code  
Little Rock AR 72207

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 11 / 2014

**Transaction ID : SA11AI.5905**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Gar Eisele**

Mailing Address 76 Craig Street

City State Zip Code  
Mena AR 71953

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Washburn's Inc. President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 18 / 2014

**Transaction ID : SA11AI.5853**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**Jonathan Engram**

Mailing Address 2848 Kensington Rd.

City Winston Salem State NC Zip Code 27106

FEC ID number of contributing federal political committee. **C**

Name of Employer Womble Carlyle Sandridge & Rice LLP Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.6274**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Jon S. Eubanks**

Mailing Address 2543 Greasy Valley Rd.

City Paris State AR Zip Code 72855

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 22 / 2014

**Transaction ID : SA11AI.6249**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Jackson Farrow Jr.**

Mailing Address 20 River Ridge Circle

City Little Rock State AR Zip Code 72227

FEC ID number of contributing federal political committee. **C**

Name of Employer Stephens Capital Partners Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 04 / 2014

**Transaction ID : SA11AI.5907**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. Douglas J Feith</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 6216 Clearwood Rd		<b>Transaction ID : SA11AI.6278</b>	
City Bethesda	State MD	Zip Code 20817	Amount of Each Receipt this Period _____ _____ 500.00
FEC ID number of contributing federal political committee.		C _____	
Name of Employer Hudson Institute	Occupation Director		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Nikolai Fisken</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 22 / 2014	
Mailing Address 5223 Sherwood Road		<b>Transaction ID : SA11AI.5855</b>	
City Little Rock	State AR	Zip Code 72207	Amount of Each Receipt this Period _____ _____ 250.00
FEC ID number of contributing federal political committee.		C _____	
Name of Employer Stephens Inc.	Occupation Executive Vice President		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Charlotte Flanders</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2014	
Mailing Address 10901 Lansdown Lane		<b>Transaction ID : SA11AI.6198</b>	
City Fort Smith	State AR	Zip Code 72908	Amount of Each Receipt this Period _____ _____ 250.00
FEC ID number of contributing federal political committee.		C _____	
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ _____ 1000.00
<b>TOTAL</b> This Period (last page this line number only).....	_____ _____

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**Scott T. Ford**

Mailing Address 22311 Highway 10

City Little Rock State AR Zip Code 72223

FEC ID number of contributing federal political committee. **C**

Name of Employer Westrock Capital Partners LLC Occupation Investments

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 24 / 2014

**Transaction ID : SA11AI.5947**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Jeffrey H. Fox**

Mailing Address 5300 Edgewood Rd.

City Little Rock State AR Zip Code 72202

FEC ID number of contributing federal political committee. **C**

Name of Employer Circumference Group Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 03 / 2014

**Transaction ID : SA11AI.5908**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Foster Friess**

Mailing Address 6216 Clearwood Rd.

City Bethesda State MD Zip Code 20817

FEC ID number of contributing federal political committee. **C**

Name of Employer Friess Associates Occupation Investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.6143**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**Dane D. Fulmer**

Mailing Address 5209 Rosewood Circle

City Fort Smith State AR Zip Code 72903

FEC ID number of contributing federal political committee. **C**

Name of Employer Family and Friends Investment Group Occupation Investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 04 / 2014

**Transaction ID : SA11AI.6135**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Richard B. Griffin**

Mailing Address 610 Towson Avenue  
PO Box 2207

City Fort Smith State AR Zip Code 72902

FEC ID number of contributing federal political committee. **C**

Name of Employer Griffin Properties Occupation Construction

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 04 / 2014

**Transaction ID : SA11AI.6144**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Kenny Gunderman**

Mailing Address 2000 Country Club Lane

City Little Rock State AR Zip Code 72207

FEC ID number of contributing federal political committee. **C**

Name of Employer Stephens Inc. Occupation Investment Banker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 13 / 2014

**Transaction ID : SA11AI.5949**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**Greg Hartz**

Mailing Address 2900 North Taylor Street

City Little Rock State AR Zip Code 72207

FEC ID number of contributing federal political committee. **C**

Name of Employer Foundation Resource Management Occupation Portfolio Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 03 / 2014

**Transaction ID : SA11AI.5951**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**John C. Hickman Jr.**

Mailing Address 19 East Palisades Drive

City Little Rock State AR Zip Code 72207

FEC ID number of contributing federal political committee. **C**

Name of Employer Stephens Inc. Occupation Salesman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 24 / 2014

**Transaction ID : SA11AI.5857**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Kevin Hiegel**

Mailing Address 16112 Patriot Drive

City Little Rock State AR Zip Code 72212

FEC ID number of contributing federal political committee. **C**

Name of Employer Arkansas Family Care Network Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 04 / 2014

**Transaction ID : SA11AI.5858**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**Wendell R. Holmes**

Mailing Address 5107 Wheeler

City Fort Smith State AR Zip Code 72901

FEC ID number of contributing federal political committee. **C**

Name of Employer Holmes Erection Inc. Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : SA11AI.6149**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Kevin Huchingson**

Mailing Address 18 Valley Crest Court

City Little Rock State AR Zip Code 72223

FEC ID number of contributing federal political committee. **C**

Name of Employer Colliers International Occupation Commercial Real Estate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 10 / 2014

**Transaction ID : SA11AI.5860**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**James E. Humphrey Jr.**

Mailing Address 1203 East 33rd St.

City Texarkana State AR Zip Code 71854

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired Pharmacist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 27 / 2014

**Transaction ID : SA11AI.6232**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1350.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**Lou Ella Humphrey**

Mailing Address 1203 East 33rd St.

City Texarkana State AR Zip Code 71854

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired Nurse

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2014

**Transaction ID : SA11AI.6230**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**Ronald David Humphrey**

Mailing Address 8819 Lee Circle

City Fort Smith State AR Zip Code 72903

FEC ID number of contributing federal political committee. **C**

Name of Employer Arkansas Best Corp. Occupation Transportation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.6087**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Sheila B Humphrey**

Mailing Address 8819 Lee Circle

City Fort Smith State AR Zip Code 72903

FEC ID number of contributing federal political committee. **C**

Name of Employer Fort Smith Public Schools Occupation Educator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.6089**

Amount of Each Receipt this Period  
2600.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5300.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**Amy N. Jackson**

Mailing Address 9908 Wellington Way

City Fort Smith State AR Zip Code 92908

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Interior Designer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : SA11AI.6251**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Phillip Andrew Jackson**

Mailing Address 9908 Wellington Way

City Fort Smith State AR Zip Code 92908

FEC ID number of contributing federal political committee. **C**

Name of Employer Arthur J. Gallagher Occupation Insurance Broker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : SA11AI.6105**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**C. Blake James**

Mailing Address 111 Center Street

City Little Rock State AR Zip Code 72201

FEC ID number of contributing federal political committee. **C**

Name of Employer Stephens Inc. Occupation Banking

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 04 / 2014

**Transaction ID : SA11AI.5862**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**Jason Jarcho**

Mailing Address 109 Vertical Lift Drive

City Little Rock State AR Zip Code 72201

FEC ID number of contributing federal political committee. **C**

Name of Employer Stephens Inc. Occupation Equity Trader

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 10 / 2014

**Transaction ID : SA11AI.5864**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mindi Jones-Moore**

Mailing Address 4923 Stonewall

City Little Rock State AR Zip Code 72207

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.6091**

Amount of Each Receipt this Period  
 2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Mindi Jones-Moore**

Mailing Address 4923 Stonewall

City Little Rock State AR Zip Code 72207

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.6152**

Amount of Each Receipt this Period  
 2600.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5450.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 115  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**Alex Jordan**

Mailing Address 5 Ridgeview Court

City Little Rock      State AR      Zip Code 72227

FEC ID number of contributing federal political committee. **C**

Name of Employer Stephens Inc.      Occupation Investment Sales

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 03 / 2014

**Transaction ID : SA11AI.5910**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Tim Jordan**

Mailing Address PO Box 962

City Camden      State AR      Zip Code 71711

FEC ID number of contributing federal political committee. **C**

Name of Employer Tim Jordan Company      Occupation Owner

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 10 / 2014

**Transaction ID : SA11AI.5957**

Amount of Each Receipt this Period  
 1300.00

**C.** Full Name (Last, First, Middle Initial)  
**Sally Kibler**

Mailing Address 4600 Free Ferry Road

City Fort Smith      State AR      Zip Code 72903

FEC ID number of contributing federal political committee. **C**

Name of Employer Ken W. Kibler CPA PA      Occupation Bookkeeper

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 20 / 2014

**Transaction ID : SA11AI.5866**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2050.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**James Klepper**

Mailing Address 2909 North Pierce

City Little Rock State AR Zip Code 72207

FEC ID number of contributing federal political committee. **C**

Name of Employer Stephens Inc. Occupation Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 07 / 2014

**Transaction ID : SA11AI.6259**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Andrew Kloster**

Mailing Address 2727 South Quincy St.

City Arlington State VA Zip Code 22206

FEC ID number of contributing federal political committee. **C**

Name of Employer Heritage Foundation Occupation Legal Fellow

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.6146**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**David A. Knight**

Mailing Address 3 West Palisades Dr.

City Little Rock State AR Zip Code 72207

FEC ID number of contributing federal political committee. **C**

Name of Employer Stephens Inc. Occupation Banking

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 04 / 2014

**Transaction ID : SA11AI.5912**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**Chester Koprovic**

Mailing Address **PO Box 453**

City **Fort Smith** State **AR** Zip Code **72902**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Boyd Metals** Occupation **Owner**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 22 / 2014**

**Transaction ID : SA11AI.6110**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Rodney Landes Jr.**

Mailing Address **484 N. Washington**

City **El Dorado** State **AR** Zip Code **71730**

FEC ID number of contributing federal political committee. **C**

Name of Employer **First Financial Bank** Occupation **Banker**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 26 / 2014**

**Transaction ID : SA11AI.6139**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Lee Lane**

Mailing Address **3714 E Walnut St**

City **Paris** State **AR** Zip Code **72855**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **290.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 22 / 2014**

**Transaction ID : SA11AI.6084**

Amount of Each Receipt this Period  
**290.00**  
 In-kind - Catering for Event

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1790.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. Lee Lane</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2014
Mailing Address 3714 E Walnut St		<b>Transaction ID : SA11AI.6220</b>
City Paris	State AR	
Zip Code 72855		Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 690.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>B. Leon Lants</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 31 Chenal Circle		<b>Transaction ID : SA11AI.5868</b>
City Little Rock	State AR	
Zip Code 72223		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Stephens Inc.	Occupation Trader	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>C. Dianne Law</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 9 Toulouse Court		<b>Transaction ID : SA11AI.5870</b>
City Little Rock	State AR	
Zip Code 72211		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Stephens Inc.	Occupation Accountant	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**Carolyn L. Lee**

Mailing Address 3348 Ouachita 67

City Louann State AR Zip Code 71751

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11AI.6228**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**R. H. Lee**

Mailing Address 492 Allen Drive

City Monticello State AR Zip Code 71655

FEC ID number of contributing federal political committee. **C**

Name of Employer Leesco Inc. Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 07 / 2014**

**Transaction ID : SA11AI.6189**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Leonard Leo**

Mailing Address 1015 18th St. NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C**

Name of Employer Federalist Society Occupation EVP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2527.49**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 27 / 2014**

**Transaction ID : SA11AI.6138**

Amount of Each Receipt this Period  
**2000.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**3100.00**



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. Jamie Martin</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014	
Mailing Address 6910 Sugar Crest Drive		<b>Transaction ID : SA11AI.6093</b>	
City Texarkana	State AR	Zip Code 71854	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Student	Occupation Student		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>B. Richard N. Massey</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 24 / 2014	
Mailing Address 900 S. Shackleford Road Suite 200		<b>Transaction ID : SA11AI.5964</b>	
City Little Rock	State AR	Zip Code 72211	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer Westrock Capital Partners LLC	Occupation Partner		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) <b>C. Richard N. Massey</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 24 / 2014	
Mailing Address 900 S. Shackleford Road Suite 200		<b>Transaction ID : SA11AI.5965</b>	
City Little Rock	State AR	Zip Code 72211	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer Westrock Capital Partners LLC	Occupation Partner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5700.00
<b>TOTAL</b> This Period (last page this line number only).....	5700.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**Richard N. Massey**

Mailing Address 900 S. Shackleford Road  
Suite 200

City Little Rock State AR Zip Code 72211

FEC ID number of contributing federal political committee. **C**

Name of Employer Westrock Capital Partners LLC Occupation Partner

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 24 / 2014

**Transaction ID : SA11AI.5966**

Amount of Each Receipt this Period  
 2600.00

Runoff 2014

**B.** Full Name (Last, First, Middle Initial)  
**Mark McBryde**

Mailing Address 111 Center Street

City Little Rock State AR Zip Code 72201

FEC ID number of contributing federal political committee. **C**

Name of Employer Stephens Inc. Occupation Executive Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 03 / 2014

**Transaction ID : SA11AI.5953**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Zach McClendon Jr.**

Mailing Address PO Box 270

City Monticello State AR Zip Code 71657

FEC ID number of contributing federal political committee. **C**

Name of Employer Union Bank & Trust Occupation Banker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 14 / 2014

**Transaction ID : SA11AI.5960**

Amount of Each Receipt this Period  
 2000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5600.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 115  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**Hugh McDonald**

Mailing Address 52 Fontenay Circle

City Little Rock State AR Zip Code 72223

FEC ID number of contributing federal political committee. **C**

Name of Employer Entergy Arkansas Inc. Occupation President & CEO

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 28 / 2014

**Transaction ID : SA11AI.5914**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Roscoe Mellor**

Mailing Address 300 Mercer St.  
Apt 4H

City New York State NY Zip Code 10003

FEC ID number of contributing federal political committee. **C**

Name of Employer Barclays Occupation Investment advisor

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 31 / 2014

**Transaction ID : SA11AI.5827**

Amount of Each Receipt this Period  
 100.00

**C.** Full Name (Last, First, Middle Initial)  
**Philip H. Merry Jr.**

Mailing Address 4103 S. 35th Street

City Fort Smith State AR Zip Code 72903

FEC ID number of contributing federal political committee. **C**

Name of Employer Arthur J. Gallagher Occupation Area President

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : SA11AI.6103**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

850.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 115  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Miller**

Mailing Address 11414 Highway 71 S.

City State Zip Code  
Fort Smith AR 72916

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Miller Investments Investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
850.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 22 / 2014

**Transaction ID : SA11AI.6194**

Amount of Each Receipt this Period  
700.00

**B.** Full Name (Last, First, Middle Initial)  
**David Moix**

Mailing Address 6215 Greenwood Road

City State Zip Code  
Little Rock AR 72207

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Stephens Inc. Finance

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 04 / 2014

**Transaction ID : SA11AI.5872**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mary S Moll**

Mailing Address 450 Massachusetts Ave. NW

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
McDermott Will & Emery Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.6193**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1200.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**Joseph Mowery**

Mailing Address 3715 Doral

City State Zip Code  
Little Rock AR 72212

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Stephens Inc. Investment Banker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 04 / 2014

**Transaction ID : SA11AI.5874**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Gregory R. Mueller**

Mailing Address 11505 Valor Bridge Ct.

City State Zip Code  
Spotsylvania VA 22551

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CRC Public Relations Consulting

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SA11AI.6116**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Leif E. Noren**

Mailing Address 14 West Glendale Ave.

City State Zip Code  
Alexandria VA 22301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CRC Public Relations Consulting

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SA11AI.6118**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**Ron Novak**

Mailing Address 7306 Kensington Ct

City Fort Smith State AR Zip Code 72903

FEC ID number of contributing federal political committee. **C**

Name of Employer Arthur J Gallagher Occupation Real Estate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
712.85

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : SA11AI.6082**

Amount of Each Receipt this Period  
712.85

In-kind - Catering for Event

**B.** Full Name (Last, First, Middle Initial)  
**Ashley Palermo**

Mailing Address 183 Courts Lane

City Little Rock State AR Zip Code 72223

FEC ID number of contributing federal political committee. **C**

Name of Employer Stephens Inc. Occupation Senior Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 04 / 2014

**Transaction ID : SA11AI.5876**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mark R. Paoletta**

Mailing Address 6714 Marbo Court

City Falls Church State VA Zip Code 22046

FEC ID number of contributing federal political committee. **C**

Name of Employer DLA Piper LLP Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.6130**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1962.85

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 115	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/> 15				

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**Stanley G. Payne**

Mailing Address 3 Germany Court

City Little Rock State AR Zip Code 72223

FEC ID number of contributing federal political committee. **C**

Name of Employer Stephens Inc. Occupation Banking

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 04 / 2014

**Transaction ID : SA11AI.5878**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Ruchi Pinniger**

Mailing Address 220 East 65th St.

City New York State NY Zip Code 10065

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.6157**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**David J. Potter**

Mailing Address 1815 Pinson Drive

City Texarkana State AR Zip Code 71854

FEC ID number of contributing federal political committee. **C**

Name of Employer David J. Potter and Associates Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 31 / 2014

**Transaction ID : SA11AI.5916**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**Alan B. Pruitt**

Mailing Address 1500 Wheaton Trace

City Fort Smith State AR Zip Code 72908

FEC ID number of contributing federal political committee. **C**

Name of Employer Pruitt Tool Co. Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : SA11AI.6209**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Martin Rhodes**

Mailing Address 8 Longfellow Place

City Little Rock State AR Zip Code 72207

FEC ID number of contributing federal political committee. **C**

Name of Employer Stephens Inc. Occupation Insurance

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 31 / 2014

**Transaction ID : SA11AI.5918**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Joe M. Rogers Sr.**

Mailing Address 770 Twin Oaks Drive

City Camden State AR Zip Code 71701

FEC ID number of contributing federal political committee. **C**

Name of Employer Rogers Lumber Co. Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : SA11AI.6237**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1750.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**Joe Rogers Jr.**

Mailing Address 937 Highway 7 North

City Camden State AR Zip Code 71701

FEC ID number of contributing federal political committee. **C**

Name of Employer Rogers Lumber Co. Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : SA11AI.6239**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Saul Rousseau**

Mailing Address 3817 Lochridge Road

City North Little Rock State AR Zip Code 72116

FEC ID number of contributing federal political committee. **C**

Name of Employer Stephens Inc. Occupation Investments

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 04 / 2014

**Transaction ID : SA11AI.5880**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Ross Rucker**

Mailing Address 111 Center Street

City Little Rock State AR Zip Code 72201

FEC ID number of contributing federal political committee. **C**

Name of Employer Stephens Inc. Occupation Investment Banker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 27 / 2014

**Transaction ID : SA11AI.5882**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**Chris J. Rufer**

Mailing Address 724 Main Street

City Woodland State CA Zip Code 95695

FEC ID number of contributing federal political committee. **C**

Name of Employer Morning Star Company Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 01 / 2014

**Transaction ID : SA11AI.6196**

Amount of Each Receipt this Period  
 1500.00

1500.00

**B.** Full Name (Last, First, Middle Initial)  
**J. Shepherd Russell III**

Mailing Address 3211 Foxcroft

City Little Rock State AR Zip Code 72227

FEC ID number of contributing federal political committee. **C**

Name of Employer Friday Eldredge & Clark Occupation Managing Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 04 / 2014

**Transaction ID : SA11AI.5884**

Amount of Each Receipt this Period  
 250.00

250.00

**C.** Full Name (Last, First, Middle Initial)  
**Duncan Sahner**

Mailing Address 78 Durand Rd

City Maplewood State NJ Zip Code 07040

FEC ID number of contributing federal political committee. **C**

Name of Employer Abdiel Capital Occupation Associate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.6095**

Amount of Each Receipt this Period  
 250.00

250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**Kevin Scanlon**

Mailing Address 5524 N. Grandview St.

City Little Rock State AR Zip Code 72207

FEC ID number of contributing federal political committee. **C**

Name of Employer Stephens Inc. Occupation Executive Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 04 / 2014

**Transaction ID : SA11AI.5920**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Edward Shaheen Jr.**

Mailing Address 10363 Clayton Rd.

City St. Louis State MO Zip Code 63131

FEC ID number of contributing federal political committee. **C**

Name of Employer Shaheen Orthodontics Occupation Orthodontist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 29 / 2014

**Transaction ID : SA11AI.6254**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Frank Shipley**

Mailing Address 161 Homestead Drive

City Crossville State TN Zip Code 38555

FEC ID number of contributing federal political committee. **C**

Name of Employer Flowers Bakeries Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.6141**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**Joe C. Shrum**

Mailing Address **PO Box D**

City **Huntsville** State **AR** Zip Code **72740**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Huntsville County Telephone Co.** Occupation **Owner**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 01 / 2014**

**Transaction ID : SA11AI.6154**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Tom Starr Shrum**

Mailing Address **PO Box 355**

City **Huntsville** State **AR** Zip Code **72740**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Huntsville County Telephone Co.** Occupation **Owner**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 01 / 2014**

**Transaction ID : SA11AI.6156**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Ann Smith**

Mailing Address **8404 Mile Tree Dr.**

City **Fort Smith** State **AR** Zip Code **72903**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 27 / 2014**

**Transaction ID : SA11AI.6227**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1050.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. Ann Smith</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 8404 Mile Tree Dr.		<b>Transaction ID : SA11AI.6225</b>
City Fort Smith	State AR	Zip Code 72903
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 650.00	

Full Name (Last, First, Middle Initial) <b>B. Jerry Smith</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 111 Center Street		<b>Transaction ID : SA11AI.5886</b>
City Little Rock	State AR	Zip Code 72201
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Stephens Inc.	Occupation Banking	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>C. Roger G. Smith</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address PO Box 688		<b>Transaction ID : SA11AI.6257</b>
City Magnolia	State AR	Zip Code 71754
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 400.00	
Name of Employer Smith Oil Exploration Co.	Occupation Oil Producer	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**Gray Standridge**

Mailing Address 111 Center Street

City Little Rock State AR Zip Code 72201

FEC ID number of contributing federal political committee. **C**

Name of Employer Stephens Inc. Occupation Institutional Equity Trader

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 11 / 2014

**Transaction ID : SA11AI.5888**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Robert J. Staten**

Mailing Address 12 Chimney Sweep Lane

City Little Rock State AR Zip Code 72212

FEC ID number of contributing federal political committee. **C**

Name of Employer Stephens Inc. Occupation Banking

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 04 / 2014

**Transaction ID : SA11AI.5890**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**James D. Stone**

Mailing Address PO Box 174

City Magazine State AR Zip Code 72943

FEC ID number of contributing federal political committee. **C**

Name of Employer Magtel Occupation Telco

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 22 / 2014

**Transaction ID : SA11AI.6191**

Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

800.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**Noel Strauss**

Mailing Address 37 Edgehill Road

City Little Rock State AR Zip Code 72207

FEC ID number of contributing federal political committee. **C**

Name of Employer Stephens Inc. Occupation Banking

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 10 / 2014

**Transaction ID : SA11AI.5922**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Philip A Tappan**

Mailing Address 8 East Palisades

City Little Rock State AR Zip Code 72202

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 29 / 2014

**Transaction ID : SA11AI.5891**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Alan B. Tedford**

Mailing Address 1814 Shadow Lane

City Little Rock State AR Zip Code 72207

FEC ID number of contributing federal political committee. **C**

Name of Employer Stephens Inc. Occupation Banking

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 04 / 2014

**Transaction ID : SA11AI.5893**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**William L. Tedford Jr.**

Mailing Address 5607 Hawthorne

City Little Rock State AR Zip Code 72207

FEC ID number of contributing federal political committee. **C**

Name of Employer Stephens Inc. Occupation Banking

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 04 / 2014

**Transaction ID : SA11AI.5924**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Frank E. Thomas**

Mailing Address 111 Center Street

City Little Rock State AR Zip Code 72201

FEC ID number of contributing federal political committee. **C**

Name of Employer Stephens Investment Holdings LLC Occupation Banking

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 03 / 2014

**Transaction ID : SA11AI.5926**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Van Tilbury**

Mailing Address 15 Glenleigh Drive

City Little Rock State AR Zip Code 72227

FEC ID number of contributing federal political committee. **C**

Name of Employer East-Harding Construction Occupation President & CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 04 / 2014

**Transaction ID : SA11AI.5928**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1500.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**David Trulio**

Mailing Address 1577 Maddux Lane

City McLean State VA Zip Code 22101

FEC ID number of contributing federal political committee. **C**

Name of Employer Raytheon Company Occupation Business Development

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 17 / 2014**

**Transaction ID : SA11AI.6210**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**John Trulio**

Mailing Address 1577 Maddux Lane

City McLean State VA Zip Code 22101

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Physicist Occupation Retired Physicist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 22 / 2014**

**Transaction ID : SA11AI.6235**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mark Valente III**

Mailing Address Hamilton Square - 5th Floor  
600 Fourteenth St. NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C**

Name of Employer Valente & Associates Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 24 / 2014**

**Transaction ID : SA11AI.5809**

Amount of Each Receipt this Period  
**350.00**  
 In-kind - Catering Service

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1100.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**Sarah Hawkins Warren**

Mailing Address 6621 Jill Court

City McLean State VA Zip Code 22101

FEC ID number of contributing federal political committee. **C**

Name of Employer: Kirkland and Ellis LLP Occupation: Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **2000.00**

Date of Receipt: **03 / 11 / 2014**

**Transaction ID : SA11AI.6186**

Amount of Each Receipt this Period: **1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**William Blaise Warren**

Mailing Address 6621 Jill Court

City McLean State VA Zip Code 22101

FEC ID number of contributing federal political committee. **C**

Name of Employer: Paul Weiss Occupation: Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **2250.00**

Date of Receipt: **03 / 12 / 2014**

**Transaction ID : SA11AI.6207**

Amount of Each Receipt this Period: **1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Edward Wenger**

Mailing Address 1100 First Street SE

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C**

Name of Employer: Jones Day Occupation: Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **500.00**

Date of Receipt: **03 / 12 / 2014**

**Transaction ID : SA11AI.6181**

Amount of Each Receipt this Period: **500.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**2500.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 115
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**Betsy Westphal**

Mailing Address 109 N. 6th St

City State Zip Code  
Fort Smith AR 72901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 27 / 2014

**Transaction ID : SA11AI.5929**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Kathryn Wheelbarger**

Mailing Address 1330 S. Fair Street

City State Zip Code  
Arlington VA 22202

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
U.S. Government Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.6262**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Kevin Wilcox**

Mailing Address 3421 Hill Road

City State Zip Code  
Little Rock AR 72205

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Stephens Inc. Investment Banking

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 03 / 2014

**Transaction ID : SA11AI.5955**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 52 OF 115

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**Kristin Yemm**

Mailing Address 1800 S. Brentwood

City Saint Louis State MO Zip Code 63144

FEC ID number of contributing federal political committee. **C**

Name of Employer Bryan Cave LLP Occupation Attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 26 / 2014**

**Transaction ID : SA11A1.6111**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**100.00**

**93402.85**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 115
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC**

Mailing Address **7575 E FULTON ROAD**  
**ATTN: SCOTT SMOES 56-3S**

City **ADA** State **MI** Zip Code **49355**

FEC ID number of contributing federal political committee. **C C00034884**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11C.6074**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**ARKANSAS BEST CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address **3801 OLD GREENWOOD ROAD**  
**PO BOX 10048**

City **FORT SMITH** State **AR** Zip Code **72903**

FEC ID number of contributing federal political committee. **C C00193383**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 17 / 2014**

**Transaction ID : SA11C.6071**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**FUND FOR AMERICAN OPPORTUNITY**

Mailing Address **PO BOX 65796**

City **WASHINGTON** State **DC** Zip Code **20035**

FEC ID number of contributing federal political committee. **C C00336297**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 24 / 2014**

**Transaction ID : SA11C.6070**

Amount of Each Receipt this Period  
**2000.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**3500.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 115
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**FUND FOR AMERICAN OPPORTUNITY**

Mailing Address PO BOX 65796

City WASHINGTON State DC Zip Code 20035

FEC ID number of contributing federal political committee. **C C00336297**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11C.6075**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**HILTON WORLDWIDE POLITICAL ACTION COMMITTEE**

Mailing Address 7930 JONES BRANCH DRIVE, STE 1100

City MCLEAN State VA Zip Code 22102

FEC ID number of contributing federal political committee. **C C00213074**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 28 / 2014**

**Transaction ID : SA11C.6072**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**I.P.H.F.H.A. INC. POLITICAL ACTION COMMITTEE INC.**

Mailing Address 7829 E. ROCKHILL #201

City WICHITA State KS Zip Code 67206

FEC ID number of contributing federal political committee. **C C00251447**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 27 / 2014**

**Transaction ID : SA11C.6073**

Amount of Each Receipt this Period  
**1000.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**3000.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 115
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**MADISON PAC FOR CONSTITUTIONAL LIMITED GOVERNMENT**

Mailing Address PO BOX 1314

City ANDERSON State IN Zip Code 46015

FEC ID number of contributing federal political committee. **C** C00500173

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.6076**

Amount of Each Receipt this Period  
 1500.00

**B.** Full Name (Last, First, Middle Initial)  
**STEPHENS INC. FEDERAL POLITICAL ACTION COMMITTEE**

Mailing Address 111 CENTER STREET  
PO BOX 3507

City LITTLE ROCK State AR Zip Code 72201

FEC ID number of contributing federal political committee. **C** C00166553

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 09 / 2014

**Transaction ID : SA11C.5807**

Amount of Each Receipt this Period  
 5000.00

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6500.00

13000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 115	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
			<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**THOMAS MOLL**

Mailing Address **PO BOX 21795**

City **HOT SPRINGS** State **AR** Zip Code **71903**

FEC ID number of contributing federal political committee. **C H4AR04055**

Name of Employer **Self Employed** Occupation **Investor**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**8022.07**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01		09		2014

**Transaction ID : SA11D.6345**

Amount of Each Receipt this Period  
**61.60**

In-kind - Transportation Mileage

**B.** Full Name (Last, First, Middle Initial)  
**THOMAS MOLL**

Mailing Address **PO BOX 21795**

City **HOT SPRINGS** State **AR** Zip Code **71903**

FEC ID number of contributing federal political committee. **C H4AR04055**

Name of Employer **Self Employed** Occupation **Investor**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**8041.87**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01		10		2014

**Transaction ID : SA11D.6311**

Amount of Each Receipt this Period  
**19.80**

In-kind - Meeting Expense-Meals

**C.** Full Name (Last, First, Middle Initial)  
**THOMAS MOLL**

Mailing Address **PO BOX 21795**

City **HOT SPRINGS** State **AR** Zip Code **71903**

FEC ID number of contributing federal political committee. **C H4AR04055**

Name of Employer **Self Employed** Occupation **Investor**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**8106.27**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01		13		2014

**Transaction ID : SA11D.6347**

Amount of Each Receipt this Period  
**64.40**

In-kind - Transportation Mileage

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**145.80**



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 57 OF 115
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**THOMAS MOLL**

Mailing Address **PO BOX 21795**

City **HOT SPRINGS** State **AR** Zip Code **71903**

FEC ID number of contributing federal political committee. **C H4AR04055**

Name of Employer **Self Employed** Occupation **Investor**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**8215.53**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	4	/	2	0	1	4

**Transaction ID : SA11D.6323**

Amount of Each Receipt this Period  

1	0	9	.	2	6
---	---	---	---	---	---

In-kind - Travel Expense - Lodging

**B.** Full Name (Last, First, Middle Initial)  
**THOMAS MOLL**

Mailing Address **PO BOX 21795**

City **HOT SPRINGS** State **AR** Zip Code **71903**

FEC ID number of contributing federal political committee. **C H4AR04055**

Name of Employer **Self Employed** Occupation **Investor**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**8335.93**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	4	/	2	0	1	4

**Transaction ID : SA11D.6349**

Amount of Each Receipt this Period  

1	2	0	.	4	0
---	---	---	---	---	---

In-kind - Transportation Mileage

**C.** Full Name (Last, First, Middle Initial)  
**THOMAS MOLL**

Mailing Address **PO BOX 21795**

City **HOT SPRINGS** State **AR** Zip Code **71903**

FEC ID number of contributing federal political committee. **C H4AR04055**

Name of Employer **Self Employed** Occupation **Investor**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**8455.21**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	7	/	2	0	1	4

**Transaction ID : SA11D.6351**

Amount of Each Receipt this Period  

1	1	9	.	2	8
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In-kind - Transportation Mileage

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3	4	8	.	9	4
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**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 115
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>THOMAS MOLL</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 23 / 2014	
Mailing Address PO BOX 21795		<b>Transaction ID : SA11D.6354</b>	
City HOT SPRINGS	State AR	Zip Code 71903	Amount of Each Receipt this Period 94.64 In-kind - Transportation Mileage
FEC ID number of contributing federal political committee. C H4AR04055			
Name of Employer Self Employed	Occupation Investor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 8549.85		

Full Name (Last, First, Middle Initial) <b>THOMAS MOLL</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 24 / 2014	
Mailing Address PO BOX 21795		<b>Transaction ID : SA11D.6356</b>	
City HOT SPRINGS	State AR	Zip Code 71903	Amount of Each Receipt this Period 72.80 In-kind - Transportation Mileage
FEC ID number of contributing federal political committee. C H4AR04055			
Name of Employer Self Employed	Occupation Investor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 8622.65		

Full Name (Last, First, Middle Initial) <b>THOMAS MOLL</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 27 / 2014	
Mailing Address PO BOX 21795		<b>Transaction ID : SA11D.6358</b>	
City HOT SPRINGS	State AR	Zip Code 71903	Amount of Each Receipt this Period 82.88 In-kind - Transportation Mileage
FEC ID number of contributing federal political committee. C H4AR04055			
Name of Employer Self Employed	Occupation Investor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 8705.53		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.32
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 115
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**THOMAS MOLL**

Mailing Address **PO BOX 21795**

City **HOT SPRINGS** State **AR** Zip Code **71903**

FEC ID number of contributing federal political committee. **C H4AR04055**

Name of Employer **Self Employed** Occupation **Investor**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**8767.13**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 30 / 2014**

**Transaction ID : SA11D.6360**

Amount of Each Receipt this Period  
**61.60**

In-kind - Transportation Mileage

**B.** Full Name (Last, First, Middle Initial)  
**THOMAS MOLL**

Mailing Address **PO BOX 21795**

City **HOT SPRINGS** State **AR** Zip Code **71903**

FEC ID number of contributing federal political committee. **C H4AR04055**

Name of Employer **Self Employed** Occupation **Investor**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**8804.42**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 31 / 2014**

**Transaction ID : SA11D.6315**

Amount of Each Receipt this Period  
**37.29**

In-kind - Office Supplies

**C.** Full Name (Last, First, Middle Initial)  
**THOMAS MOLL**

Mailing Address **PO BOX 21795**

City **HOT SPRINGS** State **AR** Zip Code **71903**

FEC ID number of contributing federal political committee. **C H4AR04055**

Name of Employer **Self Employed** Occupation **Investor**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**8869.11**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 31 / 2014**

**Transaction ID : SA11D.6321**

Amount of Each Receipt this Period  
**64.69**

In-kind - Office Supplies

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**163.58**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 115
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**THOMAS MOLL**

Mailing Address **PO BOX 21795**

City **HOT SPRINGS** State **AR** Zip Code **71903**

FEC ID number of contributing federal political committee. **C H4AR04055**

Name of Employer **Self Employed** Occupation **Investor**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**8930.71**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 04 / 2014**

**Transaction ID : SA11D.6362**

Amount of Each Receipt this Period  
**61.60**

In-kind - Transportation Mileage

**B.** Full Name (Last, First, Middle Initial)  
**THOMAS MOLL**

Mailing Address **PO BOX 21795**

City **HOT SPRINGS** State **AR** Zip Code **71903**

FEC ID number of contributing federal political committee. **C H4AR04055**

Name of Employer **Self Employed** Occupation **Investor**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**8983.63**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 05 / 2014**

**Transaction ID : SA11D.6319**

Amount of Each Receipt this Period  
**52.92**

In-kind - Office Supplies

**C.** Full Name (Last, First, Middle Initial)  
**THOMAS MOLL**

Mailing Address **PO BOX 21795**

City **HOT SPRINGS** State **AR** Zip Code **71903**

FEC ID number of contributing federal political committee. **C H4AR04055**

Name of Employer **Self Employed** Occupation **Investor**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**9084.43**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 06 / 2014**

**Transaction ID : SA11D.6364**

Amount of Each Receipt this Period  
**100.80**

In-kind - Transportation Mileage

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**215.32**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 115
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**THOMAS MOLL**

Mailing Address PO BOX 21795

City HOT SPRINGS State AR Zip Code 71903

FEC ID number of contributing federal political committee. **C H4AR04055**

Name of Employer Self Employed Occupation Investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**9136.69**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 10 / 2014**

**Transaction ID : SA11D.6317**

Amount of Each Receipt this Period  
**52.26**

In-kind - Meeting Expense-Meals

**B.** Full Name (Last, First, Middle Initial)  
**THOMAS MOLL**

Mailing Address PO BOX 21795

City HOT SPRINGS State AR Zip Code 71903

FEC ID number of contributing federal political committee. **C H4AR04055**

Name of Employer Self Employed Occupation Investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**9179.25**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 10 / 2014**

**Transaction ID : SA11D.6366**

Amount of Each Receipt this Period  
**42.56**

In-kind - Transportation Mileage

**C.** Full Name (Last, First, Middle Initial)  
**THOMAS MOLL**

Mailing Address PO BOX 21795

City HOT SPRINGS State AR Zip Code 71903

FEC ID number of contributing federal political committee. **C H4AR04055**

Name of Employer Self Employed Occupation Investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**9309.17**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 11 / 2014**

**Transaction ID : SA11D.6368**

Amount of Each Receipt this Period  
**129.92**

In-kind - Transportation Mileage

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**224.74**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 115
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**THOMAS MOLL**

Mailing Address **PO BOX 21795**

City **HOT SPRINGS** State **AR** Zip Code **71903**

FEC ID number of contributing federal political committee. **C H4AR04055**

Name of Employer **Self Employed** Occupation **Investor**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**9370.77**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 12 / 2014**

**Transaction ID : SA11D.6370**

Amount of Each Receipt this Period  
**61.60**

In-kind - Transportation Mileage

**B.** Full Name (Last, First, Middle Initial)  
**THOMAS MOLL**

Mailing Address **PO BOX 21795**

City **HOT SPRINGS** State **AR** Zip Code **71903**

FEC ID number of contributing federal political committee. **C H4AR04055**

Name of Employer **Self Employed** Occupation **Investor**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**9485.01**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 13 / 2014**

**Transaction ID : SA11D.6372**

Amount of Each Receipt this Period  
**114.24**

In-kind - Transportation Mileage

**C.** Full Name (Last, First, Middle Initial)  
**THOMAS MOLL**

Mailing Address **PO BOX 21795**

City **HOT SPRINGS** State **AR** Zip Code **71903**

FEC ID number of contributing federal political committee. **C H4AR04055**

Name of Employer **Self Employed** Occupation **Investor**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**9817.01**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 14 / 2014**

**Transaction ID : SA11D.6325**

Amount of Each Receipt this Period  
**332.00**

In-kind - Air Travel for Candidate

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**507.84**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 115
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**THOMAS MOLL**

Mailing Address **PO BOX 21795**

City **HOT SPRINGS** State **AR** Zip Code **71903**

FEC ID number of contributing federal political committee. **C H4AR04055**

Name of Employer **Self Employed** Occupation **Investor**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10203.01**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 15 / 2014**

**Transaction ID : SA11D.6327**

Amount of Each Receipt this Period  
**386.00**

In-kind - Air Travel for Candidate

**B.** Full Name (Last, First, Middle Initial)  
**THOMAS MOLL**

Mailing Address **PO BOX 21795**

City **HOT SPRINGS** State **AR** Zip Code **71903**

FEC ID number of contributing federal political committee. **C H4AR04055**

Name of Employer **Self Employed** Occupation **Investor**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10244.45**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 17 / 2014**

**Transaction ID : SA11D.6374**

Amount of Each Receipt this Period  
**41.44**

In-kind - Transportation Mileage

**C.** Full Name (Last, First, Middle Initial)  
**THOMAS MOLL**

Mailing Address **PO BOX 21795**

City **HOT SPRINGS** State **AR** Zip Code **71903**

FEC ID number of contributing federal political committee. **C H4AR04055**

Name of Employer **Self Employed** Occupation **Investor**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10265.73**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 18 / 2014**

**Transaction ID : SA11D.6376**

Amount of Each Receipt this Period  
**21.28**

In-kind - Transportation Mileage

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**448.72**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 115
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>THOMAS MOLL</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 19 / 2014	
Mailing Address PO BOX 21795		<b>Transaction ID : SA11D.6378</b>	
City HOT SPRINGS	State AR	Zip Code 71903	Amount of Each Receipt this Period _____ 72.80 In-kind - Transportation Mileage
FEC ID number of contributing federal political committee. <b>C H4AR04055</b>			
Name of Employer Self Employed	Occupation Investor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 10338.53		

Full Name (Last, First, Middle Initial) <b>THOMAS MOLL</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 20 / 2014	
Mailing Address PO BOX 21795		<b>Transaction ID : SA11D.6380</b>	
City HOT SPRINGS	State AR	Zip Code 71903	Amount of Each Receipt this Period _____ 72.80 In-kind - Transportation Mileage
FEC ID number of contributing federal political committee. <b>C H4AR04055</b>			
Name of Employer Self Employed	Occupation Investor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 10411.33		

Full Name (Last, First, Middle Initial) <b>THOMAS MOLL</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 22 / 2014	
Mailing Address PO BOX 21795		<b>Transaction ID : SA11D.6382</b>	
City HOT SPRINGS	State AR	Zip Code 71903	Amount of Each Receipt this Period _____ 127.12 In-kind - Transportation Mileage
FEC ID number of contributing federal political committee. <b>C H4AR04055</b>			
Name of Employer Self Employed	Occupation Investor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 10538.45		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 272.72
<b>TOTAL</b> This Period (last page this line number only).....	_____



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 115
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**THOMAS MOLL**

Mailing Address **PO BOX 21795**

City **HOT SPRINGS** State **AR** Zip Code **71903**

FEC ID number of contributing federal political committee. **C H4AR04055**

Name of Employer **Self Employed** Occupation **Investor**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10569.25**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 23 / 2014**

**Transaction ID : SA11D.6384**

Amount of Each Receipt this Period  
**30.80**

In-kind - Transportation Mileage

**B.** Full Name (Last, First, Middle Initial)  
**THOMAS MOLL**

Mailing Address **PO BOX 21795**

City **HOT SPRINGS** State **AR** Zip Code **71903**

FEC ID number of contributing federal political committee. **C H4AR04055**

Name of Employer **Self Employed** Occupation **Investor**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10603.19**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 24 / 2014**

**Transaction ID : SA11D.6313**

Amount of Each Receipt this Period  
**33.94**

In-kind - Meeting Expense-Meals

**C.** Full Name (Last, First, Middle Initial)  
**THOMAS MOLL**

Mailing Address **PO BOX 21795**

City **HOT SPRINGS** State **AR** Zip Code **71903**

FEC ID number of contributing federal political committee. **C H4AR04055**

Name of Employer **Self Employed** Occupation **Investor**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10633.99**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 25 / 2014**

**Transaction ID : SA11D.6386**

Amount of Each Receipt this Period  
**30.80**

In-kind - Transportation Mileage

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**95.54**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 115
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>THOMAS MOLL</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 26 / 2014	
Mailing Address PO BOX 21795		<b>Transaction ID : SA11D.6388</b>	
City HOT SPRINGS	State AR	Zip Code 71903	Amount of Each Receipt this Period _____ 61.60 In-kind - Transportation Mileage
FEC ID number of contributing federal political committee.		C H4AR04055	
Name of Employer Self Employed	Occupation Investor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 10695.59		

Full Name (Last, First, Middle Initial) <b>THOMAS MOLL</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2014	
Mailing Address PO BOX 21795		<b>Transaction ID : SA11D.6390</b>	
City HOT SPRINGS	State AR	Zip Code 71903	Amount of Each Receipt this Period _____ 170.24 In-kind - Transportation Mileage
FEC ID number of contributing federal political committee.		C H4AR04055	
Name of Employer Self Employed	Occupation Investor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 10865.83		

Full Name (Last, First, Middle Initial) <b>THOMAS MOLL</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2014	
Mailing Address PO BOX 21795		<b>Transaction ID : SA11D.6392</b>	
City HOT SPRINGS	State AR	Zip Code 71903	Amount of Each Receipt this Period _____ 43.68 In-kind - Transportation Mileage
FEC ID number of contributing federal political committee.		C H4AR04055	
Name of Employer Self Employed	Occupation Investor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 10909.51		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 275.52
<b>TOTAL</b> This Period (last page this line number only).....	_____

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 115
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>THOMAS MOLL</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2014	
Mailing Address PO BOX 21795		<b>Transaction ID : SA11D.6394</b>	
City HOT SPRINGS	State AR	Zip Code 71903	Amount of Each Receipt this Period _____ 72.80 In-kind - Transportation Mileage
FEC ID number of contributing federal political committee. C H4AR04055			
Name of Employer Self Employed	Occupation Investor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 10982.31		

Full Name (Last, First, Middle Initial) <b>THOMAS MOLL</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2014	
Mailing Address PO BOX 21795		<b>Transaction ID : SA11D.6396</b>	
City HOT SPRINGS	State AR	Zip Code 71903	Amount of Each Receipt this Period _____ 66.08 In-kind - Transportation Mileage
FEC ID number of contributing federal political committee. C H4AR04055			
Name of Employer Self Employed	Occupation Investor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 11048.39		

Full Name (Last, First, Middle Initial) <b>THOMAS MOLL</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2014	
Mailing Address PO BOX 21795		<b>Transaction ID : SA11D.6398</b>	
City HOT SPRINGS	State AR	Zip Code 71903	Amount of Each Receipt this Period _____ 148.40 In-kind - Transportation Mileage
FEC ID number of contributing federal political committee. C H4AR04055			
Name of Employer Self Employed	Occupation Investor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 11196.79		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 287.28
<b>TOTAL</b> This Period (last page this line number only).....	_____

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 115
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**THOMAS MOLL**

Mailing Address **PO BOX 21795**

City **HOT SPRINGS** State **AR** Zip Code **71903**

FEC ID number of contributing federal political committee. **C H4AR04055**

Name of Employer **Self Employed** Occupation **Investor**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**11342.95**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 10 / 2014**

**Transaction ID : SA11D.6400**

Amount of Each Receipt this Period  
**146.16**

In-kind - Transportation Mileage

**B.** Full Name (Last, First, Middle Initial)  
**THOMAS MOLL**

Mailing Address **PO BOX 21795**

City **HOT SPRINGS** State **AR** Zip Code **71903**

FEC ID number of contributing federal political committee. **C H4AR04055**

Name of Employer **Self Employed** Occupation **Investor**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**11373.75**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 11 / 2014**

**Transaction ID : SA11D.6402**

Amount of Each Receipt this Period  
**30.80**

In-kind - Transportation Mileage

**C.** Full Name (Last, First, Middle Initial)  
**THOMAS MOLL**

Mailing Address **PO BOX 21795**

City **HOT SPRINGS** State **AR** Zip Code **71903**

FEC ID number of contributing federal political committee. **C H4AR04055**

Name of Employer **Self Employed** Occupation **Investor**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**11404.55**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 13 / 2014**

**Transaction ID : SA11D.6404**

Amount of Each Receipt this Period  
**30.80**

In-kind - Transportation Mileage

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**207.76**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 115
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**THOMAS MOLL**

Mailing Address **PO BOX 21795**

City **HOT SPRINGS** State **AR** Zip Code **71903**

FEC ID number of contributing federal political committee. **C H4AR04055**

Name of Employer **Self Employed** Occupation **Investor**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**11585.43**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 18 / 2014**

**Transaction ID : SA11D.6406**

Amount of Each Receipt this Period  
**180.88**

In-kind - Transportation Mileage

**B.** Full Name (Last, First, Middle Initial)  
**THOMAS MOLL**

Mailing Address **PO BOX 21795**

City **HOT SPRINGS** State **AR** Zip Code **71903**

FEC ID number of contributing federal political committee. **C H4AR04055**

Name of Employer **Self Employed** Occupation **Investor**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**11647.03**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 19 / 2014**

**Transaction ID : SA11D.6408**

Amount of Each Receipt this Period  
**61.60**

In-kind - Transportation Mileage

**C.** Full Name (Last, First, Middle Initial)  
**THOMAS MOLL**

Mailing Address **PO BOX 21795**

City **HOT SPRINGS** State **AR** Zip Code **71903**

FEC ID number of contributing federal political committee. **C H4AR04055**

Name of Employer **Self Employed** Occupation **Investor**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**11776.39**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 20 / 2014**

**Transaction ID : SA11D.6410**

Amount of Each Receipt this Period  
**129.36**

In-kind - Transportation Mileage

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**371.84**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 70 OF 115
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
		<input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**THOMAS MOLL**

Mailing Address **PO BOX 21795**

City **HOT SPRINGS** State **AR** Zip Code **71903**

FEC ID number of contributing federal political committee. **C H4AR04055**

Name of Employer **Self Employed** Occupation **Investor**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**11849.19**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 21 / 2014**

**Transaction ID : SA11D.6412**

Amount of Each Receipt this Period  
**72.80**

In-kind - Transportation Mileage

**B.** Full Name (Last, First, Middle Initial)  
**THOMAS MOLL**

Mailing Address **PO BOX 21795**

City **HOT SPRINGS** State **AR** Zip Code **71903**

FEC ID number of contributing federal political committee. **C H4AR04055**

Name of Employer **Self Employed** Occupation **Investor**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**11895.11**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 22 / 2014**

**Transaction ID : SA11D.6414**

Amount of Each Receipt this Period  
**45.92**

In-kind - Transportation Mileage

**C.** Full Name (Last, First, Middle Initial)  
**THOMAS MOLL**

Mailing Address **PO BOX 21795**

City **HOT SPRINGS** State **AR** Zip Code **71903**

FEC ID number of contributing federal political committee. **C H4AR04055**

Name of Employer **Self Employed** Occupation **Investor**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**11967.91**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 23 / 2014**

**Transaction ID : SA11D.6416**

Amount of Each Receipt this Period  
**72.80**

In-kind - Transportation Mileage

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**191.52**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 115
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>THOMAS MOLL</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2014	
Mailing Address PO BOX 21795		<b>Transaction ID : SA11D.6418</b>	
City HOT SPRINGS	State AR	Zip Code 71903	Amount of Each Receipt this Period 127.68 In-kind - Transportation Mileage
FEC ID number of contributing federal political committee. C H4AR04055			
Name of Employer Self Employed	Occupation Investor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 12095.59		

Full Name (Last, First, Middle Initial) <b>THOMAS MOLL</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2014	
Mailing Address PO BOX 21795		<b>Transaction ID : SA11D.6420</b>	
City HOT SPRINGS	State AR	Zip Code 71903	Amount of Each Receipt this Period 133.84 In-kind - Transportation Mileage
FEC ID number of contributing federal political committee. C H4AR04055			
Name of Employer Self Employed	Occupation Investor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 12229.43		

Full Name (Last, First, Middle Initial) <b>THOMAS MOLL</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address PO BOX 21795		<b>Transaction ID : SA11D.6422</b>	
City HOT SPRINGS	State AR	Zip Code 71903	Amount of Each Receipt this Period 79.52 In-kind - Transportation Mileage
FEC ID number of contributing federal political committee. C H4AR04055			
Name of Employer Self Employed	Occupation Investor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 12308.95		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	341.04
<b>TOTAL</b> This Period (last page this line number only).....	4348.48

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 115
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

**A.** Full Name (Last, First, Middle Initial)  
**Automatic Data Processing**

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
288.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2014

**Transaction ID : SA14.6310**

Amount of Each Receipt this Period  
288.00

Refund to Correct Deductions

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

288.00

288.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 115			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. All American Awards</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address 1684 Airport Rd.		Amount of Each Disbursement this Period 52.92
City Hot Springs	State AR	
Zip Code 71913	Purpose of Disbursement In-kind - Office Supplies See Transaction SA11D.6319	Transaction ID : SB17.6338
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Arkansas Department of Workforce Services</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address 2 Capitol Mall		Amount of Each Disbursement this Period 480.00
City Little Rock	State AR	
Zip Code 72201	Purpose of Disbursement State Unemployment Insurance	Transaction ID : SB17.6279
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Automatic Data Processing</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address 5800 Windward Parkway		Amount of Each Disbursement this Period 94.23
City Alpharetta	State GA	
Zip Code 30005	Purpose of Disbursement Workers Compensation Insurance	Transaction ID : SB17.5725
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	574.23
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 115			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>A. Automatic Data Processing</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>17</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	01		17		2014
M M	/	D D	/	Y Y Y Y									
01		17		2014									
Mailing Address 5800 Windward Parkway		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Alpharetta</td> <td>GA</td> <td>30005</td> </tr> </table>		City	State	Zip Code	Alpharetta	GA	30005	<table border="1"> <tr> <td>107.50</td> </tr> </table>		107.50			
City	State	Zip Code											
Alpharetta	GA	30005											
107.50													
Purpose of Disbursement Payroll Services and Insurance		Transaction ID : SB17.5749											
Candidate Name		Category/Type											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>B. Automatic Data Processing</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>21</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	01		21		2014
M M	/	D D	/	Y Y Y Y									
01		21		2014									
Mailing Address 5800 Windward Parkway		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Alpharetta</td> <td>GA</td> <td>30005</td> </tr> </table>		City	State	Zip Code	Alpharetta	GA	30005	<table border="1"> <tr> <td>17.00</td> </tr> </table>		17.00			
City	State	Zip Code											
Alpharetta	GA	30005											
17.00													
Purpose of Disbursement Payroll Services and Insurance		Transaction ID : SB17.5750											
Candidate Name		Category/Type											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>C. Automatic Data Processing</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>21</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	01		21		2014
M M	/	D D	/	Y Y Y Y									
01		21		2014									
Mailing Address 5800 Windward Parkway		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Alpharetta</td> <td>GA</td> <td>30005</td> </tr> </table>		City	State	Zip Code	Alpharetta	GA	30005	<table border="1"> <tr> <td>40.00</td> </tr> </table>		40.00			
City	State	Zip Code											
Alpharetta	GA	30005											
40.00													
Purpose of Disbursement Payroll Services and Insurance		Transaction ID : SB17.5763											
Candidate Name		Category/Type											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:													

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	164.50
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 115			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>A. Automatic Data Processing</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>31</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	01		31		2014
M M	/	D D	/	Y Y Y Y									
01		31		2014									
Mailing Address 5800 Windward Parkway		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Alpharetta</td> <td>GA</td> <td>30005</td> </tr> </table>		City	State	Zip Code	Alpharetta	GA	30005	<table border="1"> <tr> <td>25.00</td> </tr> </table>		25.00			
City	State	Zip Code											
Alpharetta	GA	30005											
25.00													
Purpose of Disbursement Payroll Services and Insurance		Transaction ID : SB17.5969											
Candidate Name		Category/Type											
Office Sought:	<table border="1"> <tr> <td><input type="checkbox"/> House</td> <td rowspan="3">Disbursement For:</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> </tr> <tr> <td><input type="checkbox"/> President</td> </tr> </table>	<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Senate	<input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)							
<input type="checkbox"/> House	Disbursement For:												
<input type="checkbox"/> Senate													
<input type="checkbox"/> President													
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>B. Automatic Data Processing</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>10</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	02		10		2014
M M	/	D D	/	Y Y Y Y									
02		10		2014									
Mailing Address 5800 Windward Parkway		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Alpharetta</td> <td>GA</td> <td>30005</td> </tr> </table>		City	State	Zip Code	Alpharetta	GA	30005	<table border="1"> <tr> <td>57.72</td> </tr> </table>		57.72			
City	State	Zip Code											
Alpharetta	GA	30005											
57.72													
Purpose of Disbursement Workers Compensation Insurance		Transaction ID : SB17.5972											
Candidate Name		Category/Type											
Office Sought:	<table border="1"> <tr> <td><input type="checkbox"/> House</td> <td rowspan="3">Disbursement For:</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> </tr> <tr> <td><input type="checkbox"/> President</td> </tr> </table>	<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Senate	<input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)							
<input type="checkbox"/> House	Disbursement For:												
<input type="checkbox"/> Senate													
<input type="checkbox"/> President													
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>C. Automatic Data Processing</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>21</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	02		21		2014
M M	/	D D	/	Y Y Y Y									
02		21		2014									
Mailing Address 5800 Windward Parkway		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Alpharetta</td> <td>GA</td> <td>30005</td> </tr> </table>		City	State	Zip Code	Alpharetta	GA	30005	<table border="1"> <tr> <td>107.50</td> </tr> </table>		107.50			
City	State	Zip Code											
Alpharetta	GA	30005											
107.50													
Purpose of Disbursement Payroll Services and Insurance		Transaction ID : SB17.6283											
Candidate Name		Category/Type											
Office Sought:	<table border="1"> <tr> <td><input type="checkbox"/> House</td> <td rowspan="3">Disbursement For:</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> </tr> <tr> <td><input type="checkbox"/> President</td> </tr> </table>	<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Senate	<input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)							
<input type="checkbox"/> House	Disbursement For:												
<input type="checkbox"/> Senate													
<input type="checkbox"/> President													
State: District:													

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<table border="1"> <tr> <td>190.22</td> </tr> </table>	190.22
190.22		
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 115			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. Automatic Data Processing</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 5800 Windward Parkway		Amount of Each Disbursement this Period 39.39
City Alpharetta	State GA	
Zip Code 30005	Purpose of Disbursement Workers Compensation Insurance	<b>Transaction ID : SB17.6300</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Automatic Data Processing</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 5800 Windward Parkway		Amount of Each Disbursement this Period 107.50
City Alpharetta	State GA	
Zip Code 30005	Purpose of Disbursement Payroll Services and Insurance	<b>Transaction ID : SB17.6306</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Capital Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 111 W Markham St		Amount of Each Disbursement this Period 2407.78
City Little Rock	State AR	
Zip Code 72201	Purpose of Disbursement Catering Services for Campaign Event	<b>Transaction ID : SB17.5986</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2554.67
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 115			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. Cracker Barrel</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 218 W. Commerce St.		Amount of Each Disbursement this Period 52.26
City Bryant	State AR	
Zip Code 72022	Purpose of Disbursement In-kind - Meeting Expense-Meals See Transaction SA11D.6317	Transaction ID : SB17.6336
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2014
Mailing Address 1030 Delta Boulevard		Amount of Each Disbursement this Period 386.00
City Atlanta	State GA	
Zip Code 30354	Purpose of Disbursement In-kind - Air Travel for Candidate See Transaction SA11D.6327	Transaction ID : SB17.6344
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2014
Mailing Address 1030 Delta Boulevard		Amount of Each Disbursement this Period 565.00
City Atlanta	State GA	
Zip Code 30354	Purpose of Disbursement Air Travel for Candidate	Transaction ID : SB17.5987
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	565.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 115			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. Design Cuisine</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 2659 S Shirlington Rd		Amount of Each Disbursement this Period 2576.45
City Arlington	State VA	
Zip Code 22206	Purpose of Disbursement Catering Services	Transaction ID : SB17.6296
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Facebook Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 1601 Willow Rd		Amount of Each Disbursement this Period 439.14
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Internet Services	Transaction ID : SB17.6007
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Facebook Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address 1601 Willow Rd		Amount of Each Disbursement this Period 500.88
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Internet Services	Transaction ID : SB17.6008
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3516.47
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 115			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. Facebook Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 1601 Willow Rd		Amount of Each Disbursement this Period 251.44
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Internet Services	Transaction ID : SB17.6009
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FedEx</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 3948 Central Ave.		Amount of Each Disbursement this Period 64.69
City Hot Springs	State AR	
Zip Code 71913	Purpose of Disbursement In-kind - Office Supplies See Transaction SA11D.6321	Transaction ID : SB17.6339
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Gober Hilgers PLLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 2101 Cedar Spring Road Ste 1050		Amount of Each Disbursement this Period 2250.00
City Dallas	State TX	
Zip Code 75201	Purpose of Disbursement Legal Services	Transaction ID : SB17.5780
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2501.44
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 80 OF 115	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. Gober Hilgers PLLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 2101 Cedar Spring Road Ste 1050		Amount of Each Disbursement this Period 2250.00 <b>Transaction ID : SB17.6010</b>
City Dallas State TX Zip Code 75201	Purpose of Disbursement Legal Services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Gober Hilgers PLLC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 2101 Cedar Spring Road Ste 1050		Amount of Each Disbursement this Period 2250.00 <b>Transaction ID : SB17.6288</b>
City Dallas State TX Zip Code 75201	Purpose of Disbursement Legal Services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Gober Hilgers PLLC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 2101 Cedar Spring Road Ste 1050		Amount of Each Disbursement this Period 2261.79 <b>Transaction ID : SB17.6289</b>
City Dallas State TX Zip Code 75201	Purpose of Disbursement Legal Services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6761.79
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 115			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. Holiday Inn Express</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014
Mailing Address 146 Dearman Drive		Amount of Each Disbursement this Period 109.26
City Monticello State AR Zip Code 71655	Purpose of Disbursement In-kind - Travel Expense - Lodging See Transaction SA11D.6323	
Candidate Name	Category/Type	<b>Transaction ID : SB17.6341</b>  <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jefferson Country Republican Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 1201 W 6th St		Amount of Each Disbursement this Period 245.00
City Little Rock State AR Zip Code 72201	Purpose of Disbursement Event Registration	
Candidate Name	Category/Type	<b>Transaction ID : SB17.6295</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Jones Day</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014
Mailing Address 51 Louisiana Ave NW		Amount of Each Disbursement this Period 1385.00
City Washington State DC Zip Code 20001	Purpose of Disbursement Catering Services	
Candidate Name	Category/Type	<b>Transaction ID : SB17.6017</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1630.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 82 OF 115	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. Lee Lane</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2014
Mailing Address 3714 E Walnut St		Amount of Each Disbursement this Period 290.00 <b>Transaction ID : SB17.6085</b>
City Paris State AR Zip Code 72855	Purpose of Disbursement In-kind - Catering for Event	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 61.60 <b>Transaction ID : SB17.6346</b>
City HOT SPRINGS State AR Zip Code 71903	Purpose of Disbursement In-kind - Transportation Mileage	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AR District: 04		

Full Name (Last, First, Middle Initial) <b>C. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 19.80 <b>Transaction ID : SB17.6312</b>
City HOT SPRINGS State AR Zip Code 71903	Purpose of Disbursement In-kind - Meeting Expense-Meals	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AR District: 04		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	371.40
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 115			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 64.40
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Transportation Mileage	Transaction ID : SB17.6348
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AR	District: 04	

Full Name (Last, First, Middle Initial) <b>B. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 109.26
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Travel Expense - Lodging	Transaction ID : SB17.6324
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AR	District: 04	

Full Name (Last, First, Middle Initial) <b>C. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 120.40
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Transportation Mileage	Transaction ID : SB17.6350
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AR	District: 04	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	294.06
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 115			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 119.28 <b>Transaction ID : SB17.6352</b>
City HOT SPRINGS	State AR	
Purpose of Disbursement In-kind - Transportation Mileage		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AR	District: 04	

Full Name (Last, First, Middle Initial) <b>B. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 94.64 <b>Transaction ID : SB17.6355</b>
City HOT SPRINGS	State AR	
Purpose of Disbursement In-kind - Transportation Mileage		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AR	District: 04	

Full Name (Last, First, Middle Initial) <b>C. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 72.80 <b>Transaction ID : SB17.6357</b>
City HOT SPRINGS	State AR	
Purpose of Disbursement In-kind - Transportation Mileage		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AR	District: 04	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	286.72
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 115			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 82.88 <b>Transaction ID : SB17.6359</b>
City HOT SPRINGS	State AR	
Purpose of Disbursement In-kind - Transportation Mileage		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AR District: 04		

Full Name (Last, First, Middle Initial) <b>B. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 61.60 <b>Transaction ID : SB17.6361</b>
City HOT SPRINGS	State AR	
Purpose of Disbursement In-kind - Transportation Mileage		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AR District: 04		

Full Name (Last, First, Middle Initial) <b>C. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 37.29 <b>Transaction ID : SB17.6316</b>
City HOT SPRINGS	State AR	
Purpose of Disbursement In-kind - Office Supplies		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AR District: 04		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	181.77
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 115			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 64.69 <b>Transaction ID : SB17.6322</b>
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Office Supplies	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: AR	District: 04	<input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) <b>B. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 61.60 <b>Transaction ID : SB17.6363</b>
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Transportation Mileage	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: AR	District: 04	<input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) <b>C. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 52.92 <b>Transaction ID : SB17.6320</b>
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Office Supplies	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: AR	District: 04	<input type="checkbox"/> Other (specify)

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	179.21
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 87 OF 115	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 100.80 <b>Transaction ID : SB17.6365</b>
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Transportation Mileage	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: AR	District: 04	<input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) <b>B. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 52.26 <b>Transaction ID : SB17.6318</b>
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Meeting Expense-Meals	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: AR	District: 04	<input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) <b>C. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 42.56 <b>Transaction ID : SB17.6367</b>
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Transportation Mileage	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: AR	District: 04	<input type="checkbox"/> Other (specify)

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	195.62
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 115			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 129.92 <b>Transaction ID : SB17.6369</b>
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Transportation Mileage	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AR	District: 04	

Full Name (Last, First, Middle Initial) <b>B. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 61.60 <b>Transaction ID : SB17.6371</b>
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Transportation Mileage	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AR	District: 04	

Full Name (Last, First, Middle Initial) <b>C. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 114.24 <b>Transaction ID : SB17.6373</b>
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Transportation Mileage	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AR	District: 04	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	305.76
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 115			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 332.00 <b>Transaction ID : SB17.6326</b>
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Air Travel for Candidate	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: AR District: 04	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 386.00 <b>Transaction ID : SB17.6328</b>
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Air Travel for Candidate	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: AR District: 04	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 41.44 <b>Transaction ID : SB17.6375</b>
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Transportation Mileage	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: AR District: 04	<input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	759.44
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 115			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 21.28 <b>Transaction ID : SB17.6377</b>
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Transportation Mileage	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: AR District: 04	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 72.80 <b>Transaction ID : SB17.6379</b>
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Transportation Mileage	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: AR District: 04	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 72.80 <b>Transaction ID : SB17.6381</b>
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Transportation Mileage	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: AR District: 04	<input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	166.88
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 115			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 127.12 <b>Transaction ID : SB17.6383</b>
City HOT SPRINGS	State AR	
Purpose of Disbursement In-kind - Transportation Mileage		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AR	District: 04	

Full Name (Last, First, Middle Initial) <b>B. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 30.80 <b>Transaction ID : SB17.6385</b>
City HOT SPRINGS	State AR	
Purpose of Disbursement In-kind - Transportation Mileage		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AR	District: 04	

Full Name (Last, First, Middle Initial) <b>C. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 33.94 <b>Transaction ID : SB17.6314</b>
City HOT SPRINGS	State AR	
Purpose of Disbursement In-kind - Meeting Expense-Meals		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AR	District: 04	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	191.86
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 92 OF 115	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 30.80 <b>Transaction ID : SB17.6387</b>
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Transportation Mileage	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: AR District: 04	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 61.60 <b>Transaction ID : SB17.6389</b>
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Transportation Mileage	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: AR District: 04	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 170.24 <b>Transaction ID : SB17.6391</b>
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Transportation Mileage	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: AR District: 04	<input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	262.64
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 93 OF 115	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 43.68 <b>Transaction ID : SB17.6393</b>
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Transportation Mileage	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: AR	District: 04	<input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) <b>B. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 72.80 <b>Transaction ID : SB17.6395</b>
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Transportation Mileage	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: AR	District: 04	<input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) <b>C. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 66.08 <b>Transaction ID : SB17.6397</b>
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Transportation Mileage	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: AR	District: 04	<input type="checkbox"/> Other (specify)

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	182.56
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 115			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 148.40 <b>Transaction ID : SB17.6399</b>
City HOT SPRINGS	State AR	
Purpose of Disbursement In-kind - Transportation Mileage		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AR	District: 04	

Full Name (Last, First, Middle Initial) <b>B. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 146.16 <b>Transaction ID : SB17.6401</b>
City HOT SPRINGS	State AR	
Purpose of Disbursement In-kind - Transportation Mileage		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AR	District: 04	

Full Name (Last, First, Middle Initial) <b>C. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 30.80 <b>Transaction ID : SB17.6403</b>
City HOT SPRINGS	State AR	
Purpose of Disbursement In-kind - Transportation Mileage		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AR	District: 04	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	325.36
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 115			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 30.80
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Transportation Mileage	Transaction ID : SB17.6405
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AR	District: 04	

Full Name (Last, First, Middle Initial) <b>B. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 180.88
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Transportation Mileage	Transaction ID : SB17.6407
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AR	District: 04	

Full Name (Last, First, Middle Initial) <b>C. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 61.60
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Transportation Mileage	Transaction ID : SB17.6409
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AR	District: 04	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	273.28
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 115			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 248.08 <b>Transaction ID : SB17.6411</b>
City HOT SPRINGS	State AR	
Purpose of Disbursement In-kind - Transportation Mileage		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AR	District: 04	

Full Name (Last, First, Middle Initial) <b>B. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 72.80 <b>Transaction ID : SB17.6413</b>
City HOT SPRINGS	State AR	
Purpose of Disbursement In-kind - Transportation Mileage		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AR	District: 04	

Full Name (Last, First, Middle Initial) <b>C. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 45.92 <b>Transaction ID : SB17.6415</b>
City HOT SPRINGS	State AR	
Purpose of Disbursement In-kind - Transportation Mileage		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AR	District: 04	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	248.08
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 115			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 72.80 <b>Transaction ID : SB17.6417</b>
City HOT SPRINGS	State AR	
Purpose of Disbursement In-kind - Transportation Mileage		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AR	District: 04	

Full Name (Last, First, Middle Initial) <b>B. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 127.68 <b>Transaction ID : SB17.6419</b>
City HOT SPRINGS	State AR	
Purpose of Disbursement In-kind - Transportation Mileage		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AR	District: 04	

Full Name (Last, First, Middle Initial) <b>C. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 133.84 <b>Transaction ID : SB17.6421</b>
City HOT SPRINGS	State AR	
Purpose of Disbursement In-kind - Transportation Mileage		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AR	District: 04	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	334.32
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 115			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. THOMAS MOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 79.52 <b>Transaction ID : SB17.6423</b>
City HOT SPRINGS	State AR	
Purpose of Disbursement In-kind - Transportation Mileage		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AR	District: 04	

Full Name (Last, First, Middle Initial) <b>B. Moo Inc Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 985 Waterman Ave		Amount of Each Disbursement this Period 188.27 <b>Transaction ID : SB17.6019</b>
City East Providence	State RI	
Purpose of Disbursement Office Supplies		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. NetBoots</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 9043 Soquel Drive		Amount of Each Disbursement this Period 150.00 <b>Transaction ID : SB17.6022</b>
City Aptos	State CA	
Purpose of Disbursement Internet Services		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	417.79
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 115			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. NetBoots</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 9043 Soquel Drive		Amount of Each Disbursement this Period 150.00
City Aptos State CA Zip Code 95003	Purpose of Disbursement Internet Services	
Candidate Name		Transaction ID : SB17.6024
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. NetBoots</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 9043 Soquel Drive		Amount of Each Disbursement this Period 150.00
City Aptos State CA Zip Code 95003	Purpose of Disbursement Internet Services	
Candidate Name		Transaction ID : SB17.6309
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Ron Novak</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 7306 Kensington Ct		Amount of Each Disbursement this Period 712.85
City Fort Smith State AR Zip Code 72903	Purpose of Disbursement In-kind - Catering for Event	
Candidate Name		Transaction ID : SB17.6083
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1012.85
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 OF 115	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 400 Cornerstone Blvd		Amount of Each Disbursement this Period 347.75 <b>Transaction ID : SB17.6025</b>
City Hot Springs	State AR	
Zip Code 71913	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014
Mailing Address 400 Cornerstone Blvd		Amount of Each Disbursement this Period 26.44 <b>Transaction ID : SB17.6026</b>
City Hot Springs	State AR	
Zip Code 71913	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 400 Cornerstone Blvd		Amount of Each Disbursement this Period 67.89 <b>Transaction ID : SB17.6027</b>
City Hot Springs	State AR	
Zip Code 71913	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	442.08
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 101 OF 115	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 400 Cornerstone Blvd		Amount of Each Disbursement this Period 878.35 <b>Transaction ID : SB17.6028</b>
City Hot Springs	State AR	
Zip Code 71913	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 400 Cornerstone Blvd		Amount of Each Disbursement this Period 249.45 <b>Transaction ID : SB17.6029</b>
City Hot Springs	State AR	
Zip Code 71913	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 400 Cornerstone Blvd		Amount of Each Disbursement this Period 470.20 <b>Transaction ID : SB17.6291</b>
City Hot Springs	State AR	
Zip Code 71913	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	878.35
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 102 OF 115	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 400 Cornerstone Blvd		Amount of Each Disbursement this Period 49.00 <b>Transaction ID : SB17.6293</b>
City Hot Springs	State AR	
Zip Code 71913	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. PayPal Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2014
Mailing Address 2211 N 1st Street		Amount of Each Disbursement this Period 30.00 <b>Transaction ID : SB17.6030</b>
City San Jose	State CA	
Zip Code 95131	Purpose of Disbursement Merchant Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. PayPal Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 2211 N 1st Street		Amount of Each Disbursement this Period 110.20 <b>Transaction ID : SB17.6057</b>
City San Jose	State CA	
Zip Code 95131	Purpose of Disbursement Merchant Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	189.20
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 115			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. PayPal Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 2211 N 1st Street		Amount of Each Disbursement this Period 30.00
City San Jose	State CA	
Zip Code 95131	Purpose of Disbursement Merchant Fees	<b>Transaction ID : SB17.6031</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PayPal Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 2211 N 1st Street		Amount of Each Disbursement this Period 124.25
City San Jose	State CA	
Zip Code 95131	Purpose of Disbursement Merchant Fees	<b>Transaction ID : SB17.6056</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. PayPal Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 2211 N 1st Street		Amount of Each Disbursement this Period 30.00
City San Jose	State CA	
Zip Code 95131	Purpose of Disbursement Merchant Fees	<b>Transaction ID : SB17.6290</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	184.25
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 115			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. PayPal Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 2211 N 1st Street		Amount of Each Disbursement this Period 438.48 <b>Transaction ID : SB17.6307</b>
City San Jose State CA Zip Code 95131	Purpose of Disbursement Merchant Fees	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Dalton Person</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address 519 S Pierremont Drive		Amount of Each Disbursement this Period 77.70 <b>Transaction ID : SB17.6032</b>
City Fayetteville State AR Zip Code 72701	Purpose of Disbursement Consulting Services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. RedRight Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2014
Mailing Address PO Box 600254		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.6039</b>
City Dallas State TX Zip Code 75360	Purpose of Disbursement Internet Services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1516.18
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 105 OF 115	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. RedRight Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address PO Box 600254		Amount of Each Disbursement this Period 750.00
City Dallas	State TX	
Zip Code 75360	Purpose of Disbursement Internet Services	<b>Transaction ID : SB17.6040</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. RedRight Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address PO Box 600254		Amount of Each Disbursement this Period 1000.00
City Dallas	State TX	
Zip Code 75360	Purpose of Disbursement Internet Services	<b>Transaction ID : SB17.6041</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. RedRight Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address PO Box 600254		Amount of Each Disbursement this Period 1039.51
City Dallas	State TX	
Zip Code 75360	Purpose of Disbursement Internet Services	<b>Transaction ID : SB17.6042</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2789.51
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 115			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. RedRight Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address PO Box 600254		Amount of Each Disbursement this Period 1750.00 <b>Transaction ID : SB17.6308</b>
City Dallas	State TX	
Zip Code 75360	Purpose of Disbursement Internet Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Republican Party of Arkansas</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 1201 W 6th St		Amount of Each Disbursement this Period 15000.00 <b>Transaction ID : SB17.6043</b>
City Little Rock	State AR	
Zip Code 72201	Purpose of Disbursement Party Filing Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Peter Somerville</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 12081.00 <b>Transaction ID : SB17.6284</b>
City Hot Spring	State AR	
Zip Code 71903	Purpose of Disbursement Staff Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	28831.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 107 OF 115	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. Peter Somerville</b>		Date of Disbursement MM / DD / YYYY 02 / 07 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 2700.00 <b>Transaction ID : SB17.6282</b>
City Hot Spring	State AR	
Zip Code 71903	Purpose of Disbursement Staff Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Peter Somerville</b>		Date of Disbursement MM / DD / YYYY 03 / 18 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 2700.00 <b>Transaction ID : SB17.6303</b>
City Hot Spring	State AR	
Zip Code 71903	Purpose of Disbursement Staff Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Stubby's BBQ</b>		Date of Disbursement MM / DD / YYYY 01 / 10 / 2014
Mailing Address 3024 Central Ave.		Amount of Each Disbursement this Period 19.80 <b>Transaction ID : SB17.6330</b> <b>[MEMO ITEM]</b>
City Hot Springs	State AR	
Zip Code 71913	Purpose of Disbursement In-kind - Meeting Expense-Meals See Transaction SA11D.6311	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5400.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 108 OF 115	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. The Theodore Company LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address PO Box 320412		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.6292</b>
City Alexandria	State VA	
Zip Code 22320	Purpose of Disbursement Consulting Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. U.S. Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 335 Section Line Rd.		Amount of Each Disbursement this Period 4.60 <b>Transaction ID : SB17.6048</b>
City Hot Springs	State AR	
Zip Code 71913	Purpose of Disbursement Postage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. U.S. Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 335 Section Line Rd.		Amount of Each Disbursement this Period 92.00 <b>Transaction ID : SB17.6049</b>
City Hot Springs	State AR	
Zip Code 71913	Purpose of Disbursement Postage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	596.60
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 109 OF 115	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. U.S. Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 335 Section Line Rd.		Amount of Each Disbursement this Period 98.00
City Hot Springs	State AR	
Zip Code 71913	Purpose of Disbursement Postage	Transaction ID : SB17.6050
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. U.S. Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 335 Section Line Rd.		Amount of Each Disbursement this Period 1.19
City Hot Springs	State AR	
Zip Code 71913	Purpose of Disbursement Postage	Transaction ID : SB17.6051
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. U.S. Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 335 Section Line Rd.		Amount of Each Disbursement this Period 2.59
City Hot Springs	State AR	
Zip Code 71913	Purpose of Disbursement Postage	Transaction ID : SB17.6297
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	101.78
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 110 OF 115	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. U.S. Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 335 Section Line Rd.		Amount of Each Disbursement this Period 18.00 <b>Transaction ID : SB17.6298</b>
City Hot Springs	State AR	
Zip Code 71913	Purpose of Disbursement Postage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. U.S. Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 335 Section Line Rd.		Amount of Each Disbursement this Period 8.82 <b>Transaction ID : SB17.6305</b>
City Hot Springs	State AR	
Zip Code 71913	Purpose of Disbursement Postage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 77 W. Upper Wacker Dr.		Amount of Each Disbursement this Period 332.00 <b>Transaction ID : SB17.6047</b>
City Chicago	State IL	
Zip Code 60601	Purpose of Disbursement Air Travel for Candidate	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	358.82
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 111 OF 115	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 77 W. Upper Wacker Dr.		Amount of Each Disbursement this Period 332.00
City Chicago	State IL Zip Code 60601	
Purpose of Disbursement In-kind - Air Travel for Candidate See Transaction SA11D.6325		Transaction ID : SB17.6342
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. US EFTPS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address 1500 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 966.19
City Washington	State DC Zip Code 20220	
Purpose of Disbursement Federal Tax and Insurance Payments		Transaction ID : SB17.6280
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type
State: District:		

Full Name (Last, First, Middle Initial) <b>C. US EFTPS</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2014
Mailing Address 1500 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 206.55
City Washington	State DC Zip Code 20220	
Purpose of Disbursement Federal Tax and Insurance Payments		Transaction ID : SB17.6281
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1172.74
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 112 OF 115	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. US EFTPS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 1500 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 206.55 <b>Transaction ID : SB17.6302</b>
City Washington State DC Zip Code 20220	Purpose of Disbursement Federal Tax and Insurance Payments	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mark Valente III</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address Hamilton Square - 5th Floor 600 Fourteenth St. NW		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : SB17.5810</b>
City Washington State DC Zip Code 20005	Purpose of Disbursement In-kind - Catering Service	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Vapiano</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 623 H Street NW		Amount of Each Disbursement this Period 33.94 <b>Transaction ID : SB17.6332</b> <b>[MEMO ITEM]</b>
City Washington State DC Zip Code 20001	Purpose of Disbursement In-kind - Meeting Expense-Meals See Transaction SA11D.6313	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	556.55
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 115			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 4019 Central Ave.		Amount of Each Disbursement this Period 37.29
City Hot Springs	State AR	
Zip Code 71913	Purpose of Disbursement In-kind - Office Supplies See Transaction SA11D.6315	Transaction ID : SB17.6334
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wickers Group</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2014
Mailing Address 1819 Polk Street Ste 373		Amount of Each Disbursement this Period 5000.00
City San Francisco	State CA	
Zip Code 94109	Purpose of Disbursement General Consulting	Transaction ID : SB17.6054
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Wickers Group</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 1819 Polk Street Ste 373		Amount of Each Disbursement this Period 154.64
City San Francisco	State CA	
Zip Code 94109	Purpose of Disbursement General Consulting	Transaction ID : SB17.6055
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5154.64
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 115			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. Wickers Group</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014		
Mailing Address 1819 Polk Street Ste 373			Amount of Each Disbursement this Period 8800.00		
City San Francisco		State CA	Zip Code 94109		Transaction ID : SB17.6304
Purpose of Disbursement Media Consulting		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:					

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			Amount of Each Disbursement this Period		
City		State	Zip Code		
Purpose of Disbursement		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:					

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			Amount of Each Disbursement this Period		
City		State	Zip Code		
Purpose of Disbursement		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8800.00
<b>TOTAL</b> This Period (last page this line number only).....	81419.62

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 115 OF 115
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**MOLL FOR CONGRESS INC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gober Hilgers PLLC</b>		Nature of Debt (Purpose): Legal Services
Mailing Address 2101 Cedar Spring Road Ste 1050		
City State	Zip Code	
Dallas TX	75201	

Outstanding Balance Beginning This Period	Transaction ID : SD10.5779	
<input type="text" value="2250.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="2250.00"/>	<input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="0.00"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>